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Agency Name
WINSTON-SALEM POLICE

INCIDENT/INVESTIGATION REPORT

OCA
2436756

ORI
NC NC 0340200

Date / Time Reported
 Month Day Yr Time
 10 | 12 | 2024 | 19:43 Hrs.

#1	Crime Incident(s) <i>Larceny From Building</i>	<input checked="" type="checkbox"/> Att <input type="checkbox"/> Com	At Found Month Day Yr Time 10 12 2024 19:43 Hrs	<input type="checkbox"/> Att <input type="checkbox"/> Com	Location of Incident <i>5998 University Pw, Winston-salem NC 27105</i>	Last Known Secure Month Day Yr Time 10 12 2024 19:42 Hrs.	Offense Tract <i>124</i>
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#2	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Premise Type	<input type="checkbox"/> Att <input type="checkbox"/> Com	Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family
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#3	Crime Incident	<input type="checkbox"/> Att <input type="checkbox"/> Com	Premise Type	<input type="checkbox"/> Att <input type="checkbox"/> Com	Victim Residence Type <input type="checkbox"/> Single Family <input type="checkbox"/> Multi Family
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MO How Attacked or Committed
DATA OMITTED

Forcible
 Yes N/A No

Weapon / Tools

V I C T I M # of Victims: *1*

Type: Person Business
 Society Government Financial Institute
 Religious L.E. Officer Line of Duty Other/Unknown

Injury: None Minor Loss of Teeth
 Broken Bones Severe Lacerations
 Internal Unconscious Other Major

Drug/Alcohol Use:
 Yes Unknown
 No N/A

V I C T I M V1 Victim/Business Name (Last, First, Middle): DATA OMITTED

Victim of Crime #: *1,* DOB / Age: *47* Race: *W* Sex: *F* Relationship To Offender: *1OK* Resident Status: Resident Non-Resident Unknown

Home Address: DATA OMITTED Home Phone:

Employer Name/Address: DATA OMITTED Business Phone:

VYR	Make	Model	Style	Color	Lic/Lis	Vin
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DATA OMITTED

Status Codes L = Lost S = Stolen R = Recovered D = Damaged Z = Seized B = Burned C = Counterfeit / Forged F = Found
 (Check "OJ" column if recovered for other jurisdiction)

Victim #	DCI	Status	Value	OJ	QTY	Property Description	Make/Model	Serial Number
<i>1</i>	<i>25</i>	<i>TARG</i>			<i>1</i>	<i>PURSES/HANDBAGS/WALLETS</i>		DATA OMITTED
								FOR INFORMATION SECURITY PURPOSES
								ONLY THE FIRST TWELVE PROPERTY ITEMS ARE DISPLAYED ON P2C REPORTS

Number of Vehicles Stolen: *0* Number Vehicles Recovered: *0*

Officer ID# <i>SCHAEFER, B. S. (16050)</i>	Officer Signature	Supervisor Signature <i>GEOGHEGAN, M. R. (16168)</i>
Complainant Signature	Case Status <input type="checkbox"/> Further Investigation <input checked="" type="checkbox"/> Inactive <input type="checkbox"/> Closed/Cleared <input type="checkbox"/> Closed/Leads Exhausted	Case Disposition: <input type="checkbox"/> Unfounded <input type="checkbox"/> Located <input type="checkbox"/> Extradition Declined <input type="checkbox"/> Cleared by Arrest <input type="checkbox"/> Refuse to Cooperate <input type="checkbox"/> Cleared by Arrest by Another Agency <input type="checkbox"/> Death of Offender <input type="checkbox"/> Prosecution Declined

Status